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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred in St.:---Ward) a hospital or Institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at t dayhrs. OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory L 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE 19t/ (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, mos. Where was disease contracted, If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 29 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting J. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



should state of OCCUPATION IS YELY PHYSICIANS RECORD statement PERMANENT EXACTLY. Exact stated classified. 4 Q should INK-THIS properly AGE supplied. UNFADING See instructions on back of certificate. carefully that It PLAINLY, WITH DEATH in plain terms, should of Information WRITE CAUSE OF important. N.B.

of MOTHER (State or country

(Informant)

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Village or City/Eas Eashall (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred is a hospital or institution give its NAME losteat of street and aumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formals White Saingle, Marked Windowsen, Warner (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE 7 AGE 8 OCCUPATION 6 COLOROR RACE Saingle, Marked (Warner) (Write the word) 8 Single, Marked (Write the word) 1	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 18 1914, to 23 1914 that I last saw h alive on 2 3 1914 and that death occurred on the date stated above, at m The CAUSE OF DEATH* was ss follows:
(a) Frade, prefession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Branchites 2 years hast (Duration) yrs. 6 mos. ds.
9 BIRTHPLACE (State or country) Leut (2, 2) Elg. 10 NAME OF FATHER FRUTY FOARKULT 11 BIRTHPLACE (State or country) Mukeryww 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)

At place

In the State

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

H	or death yrs mos	_ ds.	State	yrs,	mos.	ds.
I	Where was disease contracted.					
I	If oot at place of death?			222000000000000000000000000000000000000		
l	Former or					10004
l	usual residence					
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Prace of BURIALOR REMOVAL	Jam, 30 7, 19
UNDERTAKER	ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Houscwife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) "Foreman,"

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sensis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.;



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is	on back of certificate.
WRITE PLAINLY	N. B.—Every item of information sh CAUSE OF DEATH in plain	important. See instructions on back of certificate.

PLACE OF DEATH 445 STATE OF MARYLAND CERTIFICATE OF DEATH STATE OF MARYLAND

0	Ω Δ. (Registration Dist. No. 96
. V	"Illiage or City Port Deposel (No,	St.; Ward) [it death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	emale Colored (Write the word)	16 DATE OF DEATH (Month) (Dry) (Year) 17 HEREBY GERTIFY, That attended deceased from
C 0	Month) (Day) (Year)	that last saw h & alive on
TA	GE If LESS than 1 day,	and that death occurred on the date stated above, at
(a pa (b) bus	CCUPATION) Trade, protession, or ricular kind of work	frumnia (Duration) yrs. mos. 9. ds.
9 8	18THPLACE tate or country) Ballemen 7111	(Secondary) (Duration) yrsmesds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signer), M. (Address), M. (Ad
Q.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
14-	(Informant) Port Defend MA	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FII	Pay phony, and REGISTRAR	Somm Burgon gand Jan 31 1914 20 UNDERTAKER Josh Colera MA r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	is most promised and address profits that	A, O am Drammin De., Daito., Mequesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

ness. If retired from business, that fact may be indishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, c. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer or Planter,

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred inWard) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED WHOOWED, (Month) Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day Year) 7 AGE It LESS than 1-dev. 6. hrs. BOCCUPATION (a) Trade, protession, or none particular kind of work. (b) General nature of Industry. business, or establishment in work which employed (or employer) BIRTHPLACE Contributory. Secondary (State or country) FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death State yrs. ____ mos. yrs. mos. ds. 14 THE ABOV Where was disease contracted. It not at place of death?. Former or osual residence 15 ADDRESS REGISTRAN If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac cause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of may be stated under the head Never report



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Eyery Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classifled. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.

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	PLACE OF DEATH	STATE OF MARYLAND
	unty Cecil N	CERTIFICATE OF DEATH
Co	unty	Registration Dist. No. 92
	SOLE MI	71 1 10
VIII	lage or City Chlor (No. My)	or forfulate Ward) a hospital or institution.
		give its NAME instead of street and number.]
	FULL NAME Elizabeth	Briscoe
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX COLOR OR RACE SINGLE,	16 DATE OF DEATH
A	WIDOWED.	(Month) (Day (Year)
	emale Negro (Write the word)	17 I HEREBY CERTIFY, That I sttended deceased from
o Di	ATE OF BIRTH	Jan 1914 to Jan 17, 1914,
	(Month) (Day (Year)	that I last saw h In allve on Jon 16 1914
TAC	(-0-1)	and that death occurred on the date stated above, at 9 a.m.
	2 (ay,hrs.	The CAUSE OF DEATH* was as follows:
8 -	yrs mos ds or min,?	Diagnosis uncertain
(a)	Trade, protession, or	Drobably Dulmonay Dre-
	General nature of industry,	berculotis
bus	iness, or establishment in	(Duration) Not house
	RTHPLACE	Contributory
	(State or country)	Secondary
	10 NAME OF	(Doration) yrs mos ds.
	FATHER No information	(Signed) (N.), Morrison, W. D.
TS	11 BIRTHPLACE OF FATHER	Jan 17, 1914 (Address) Elston Mal
ARENT	(State or country) Homformalion	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
AR	12 MAIDEN NAME OF MOTHER (CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
а.	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place of death yrs. mos. ds. State loss kansown
14 T	HE ABOVE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	MAN Dr. Dr. Wilk kull	former or Charles Control Cont
	(Informant)	osual residence Thear Challon Med
1	(Address) Chow mad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Buttle Oil	Catholic Country fan 19, 1914
File		20 UNDERTAKER ADDRESS
	REGISTRAR	Undrew frem Alliddlehowe
	IL more Diamas are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 de.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, State cause for



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state 10 should OCCUPATION RECORD statement ENT PERMAN classifled. be properly AGE pe Iddns may + that 20 ō back terms, of Information s
DEATH is plain
See instructions plain CAUSE OF Important. S 0 ż

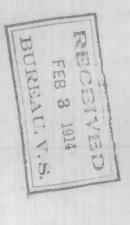
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County......la Registration Dist. No... It deeth occurred in St.; Ward) a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, Warriel WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 26 838 (Day) (Month) (Year) 7 AGE it LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? ds. 8 OCCUPATION (e) Trade, protession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE. 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, mos. Where was disease contracted. it not et place of death? usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRES REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Fublic Health Association.]

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V. S. No. 1.

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PERMANENT back Instructions DEATH ō 10 mportant. Every It

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred in St.:...Ward) a hospital or lostitution. give Its NAME instead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) OF DIVORCED DATE OF BIRTH Month) (Dav 7 AGE It LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, protession, or Work particular kind of work. (b) General nature of Industry, business, or establishment in none which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. __ mos. ds. State yrs. ____ mos. ___ Where was disease contracted. It not at place of death? usual residence 19 PLACE OF BURIAL OR PATE OF BURIAL 15 No pewsel 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Dranklin St., Baito., Requesting V. S. No. 1.

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12

PLACE OF DEATH Gounty Caril Village or Gity Vear Earleville PULL NAME Thomas L	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [if death occurred in a hospital or institution, give lts NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Wildwed, Warried)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Jany 30, 1914, to 191
(Month) (Day) (Year)	that I last saw hand alive on Juny 30 1914
AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3 4 m, The CAUSE OF DEATH* was as follows:
goccupation (a) Trade, profession, or particular kilod of work (b) General nature of industry,	Cerebral Frenonhoge
business, or establishment in which employed (or employer)	(Ouratioo) yrs mos ds.
(State or country) Baltimore Cite Ind.	Contributory (Secondary) (Ogration) yrs mes ds.
10 NAME OF Mukeroun	(Signed) Mock , M. D.
State or country) lukerow	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
T 12 MAIDEN NAME OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds,
4 THE ABOVE IF REST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
Tas en ille mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied Ty 1914 J. A. BEGISTRAR	Place of Burial or REMOVAL Pauls Grunting Punpertaker Address
If more blanks are needed, address State Registres	, 6 E. Franklin St., Ballo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

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RECORD PERMANENT 4 INK-THIS UNFADING

1 PLACE OF DEATH

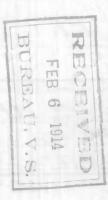
STATE OF MARYLAND state Very CERTIFICATE OF DEATH 10 pinous OCCUPATION Registration Dist. No. PHYSICIANS [If death eccurred in a hespifal or institutiee. give its NAME Instead ef streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH classified. be (Month) (Day (Year) 7 AGE If LESS than f day hrs. mos .. OR 7 properly BOCCUPATION (a) Trade, profession, elano particular kind of work. supplied. pe (b) General nature of Industry, business, or establishment in may which empleyed (er employer) certificate. BIRTHPLACE Contributory. Secondary carefully (State or country) that 10 NAME OF FATHER 80 of back 11 BIRTHPLACE terms, ENT pinous OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. uo PARI 12 MAIDEN NAME plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 5 13 BIRTHPLACE At place OF MOTHER (State or country DEATH Where was disease centracted OF Item Important. Every It (Address)..... 15 ADDRESS -REGISTA ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ncc-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative heaithfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred inWard) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED. OR OLVERCED (Write the word) 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at ... 1 day. hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ds. State yrs. Where was disease contracted. If not at place of death? Former or usual residence PATE OF BURIAL 15 If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISTASE (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrenal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL. SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malls The contributory Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:



V. S. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County City Village or City	Cand y	no	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSON	AL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
male	4 COLOR OR, RACE SINGLE, MARRIED, M. WIDOWED, OROIVORCED (Write the wo		16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	(Month) (Day)	, 1849 (Year)	that I last saw h allve on 20 14 1914
7 AGE	6 4— yrs	It LESS than f day,hrs.	and that death occurred on the date stated above, at 7,0 Clocken
particular kind of wor (b) General nature of business, or establis which employed (or er BIRTHPLACE (State or country	industry, hment in nployer)	med	Contributory Civing (Secondary)
10 NAME OF FATHER OF FATH	James Garro		(Signed) (Suration) yrs mos ds. (Signed) , M. D.
State or of Moth	GE CINE Woodle	der mid	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALA INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the oil death
14 THE ABOVE IS		NLEDGE	Where was disease contracted, It not at place of death? Former or usual residence
(Address) (A	7. 191 4 deach ore blanks are needed, address Sta	Bedalle REGISTRAR	North East mel Jane 19.1914 20 UNDERTAKER DIETSON North East

[Approved by U. S. Census and American Public Health Association.]

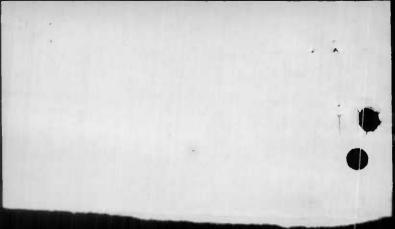
of persons engaged in domestic service for wages, as Civil engineer, Stationary freman, etc. But in many cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Scation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. childbirth or miscarriage, as "Tuerresal septichacetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. -Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of _ ture of the American Medical Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," Bronchopncumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Convuisions," "Debility" ("Con-"Dropsy," "Exhaustion," __ (name origin; "Can death), 29 ds. State cause for Examples: 01



No further information could be oftamed. RBNU



V. S. No. 1.

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	PLACE OF DEATH 456	STATE OF MARYLAND
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Co	unty Cecil	CERTIFICATE OF DEATH
	10/11/01/	Registration Dist. No. 9/
VIII	lage or City hear Cherapeola (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME TENSY TO	M. O
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Color or RAGE Single, Married, Married, Modern or Divorced (Write the word)	16 DATE OF DEATH Jany 30 ,1914 (Year)
6 0		17 I HEREBY CERTIFY, That I attended deceased from
- 07	THE OF BIRTH LULY 2.6 1832	Jamy 16 1914, to Jany 30, 1914,
	(Month) (Day (Year)	that I last saw he have alive on Jany 16 th 1914
7 A		and that death occurred on the date stated above, at / a. m.
	5- 4 1 day,hrs.	The CAUSE OF DEATH* was as follows:
80	yrs mos ds. OR min. ?	Paralysis of left seds
(a)	Trade, profession, or	
	General nature of industry,	
bus	ness, or establishment in the employed (or employer)	(Duration) yrs mos 14 ds.
981	RTHPLACE (State or country) Many fand	Contributory Secondary
	10 NAME OF Thomas Pith	(Signed) & H. Wilsey M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country) many fand	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
PARENTS	12 MAIDEN NAME OF MOTHER SINES	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) and Snow	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Etiza plane Jeths	If not at place of death? Former or usual residence
15	(Address) Theoapeand Cely, R.S.	19 PLACE OF BURIAL OR BEMOVALLY DATE OF BURIAL
FIII	1814 SSawtelle Diss REGISTRAR	20 UNDERTAKER Chuffer headoute all
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balty, Requesting V. S. No.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: *Oerebrospinal fever* (the only definite synonym is "Epidemic ccrebrospinal meningitis"); *Diphtheria* (avoid use of "Croup";) *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite): *Tubereulsis* of lungs, meninges, peritonaeum, etc., Carcin-

. genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Caninjury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify us ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred to St:Ward) a hospital or institution, give its NAME lostead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw he alive on ... (Month (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR ? 8 OCCUPATION (a) Frade, protession, or particular kind of work (b) General cature of industry, business, or establishment in (Duration) which amployed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country in the State yrs. ____ mos. Where was disease contracted. it oot at place of death?. Former or (Informant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head mia," "PUERPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the genltal," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion, Never report For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in St.:...Ward) a hospital or institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MARRIED, S 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE WIDDWED, (Month) ORDIVORCED (Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH 50 (Month) (Day) (Year) 7 AGE it LESS than and that death occurred on the date stated above, a 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory (Secondary) (State or country) (Duration) (Signed) 11 BIRTHPLACE (Address' ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. mos. ds Where wes disease contracted. 14 THE ABOVE (S) TRU it not at place of death? Former or usuai residence. 19 PLACE OF BURIAL OR DATE OF BURIAL 15 20 UNBERTAKER ADDRESS Filed & If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of lilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative acaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubarcumonia; Bronchopneumonia ("Pneumonia," unqualified, is indéfinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." childbirth or miscarriage. as "Purrpural septichaeture of the American Medical Association.) schsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL pcritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 which surgical operation was undertaken. For vio-"Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping dough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), may be stated under (Recommendations on statement of "Dropsy," "Exhaustion," "Taemla," "Weakness," ___ (name origin; "Can State cause for the head Examples: 07



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PLACE OF DEATH

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9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .: Ward)

fif death occurred in a hospital or Institution. give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended degeased from DATE OF BIRTH . 191..... to... (Month) (Year) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day.....hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUIGIDAL, OF HOMICIDAL,

11	B LENGTH OR RECEN	OF RESIDENCE T RESIDENTS)	E (FOR Ho	SPITALS, IN	STITUTIO	NS, TRANS	IENTS
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Where was disease contracted. If not at place of death?

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ADDRESS

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

PARENTS



[Approved by U. S. Census and American Public Health Association.]

mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

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mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-IENT DEATHS STATE MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railicay train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 as. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for the head of Never report



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD 3.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.	RECORD	PHYSICIANS should state
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Cot	1 PLACE OF DEATH 460 2%	STATE OF MARYLAND CERTIFICATE OF DEATH
VIII	age or Gity Elklor (No. Und.) 2FULL NAME I SOAC HO	Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	1 de Negro (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
6 DA	Mo suformation (Month) (Day (Year)	Jan 1 1914 to Jan 16 1914. that I last saw hand silve on Jan 13 1914
(a) par (b) busi	If LESS than t day,hrs. mos. ds ormin.? CCUPATION Trade, profession, or licular kind of work	and that desth occurred on the date stated above, at & Q. m, The CAUSE OF DEATH* was as follows: Liberculoses of leg (Duration) Notes becowness.
9 81	State or country) No information	Contributory
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	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Manda Conflict (Address) Selline	of death yrs. 4 mos. 8 ds. State yrs. 4 mos. 8 ds Where was disease contracted, Muddelletown Del Former or osual residence Muddelletown Del 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	Vanco 22	dales century Jan 25, 1914 20 UNDERTAKER andrew I green Middletown
/	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Censns and American Public Health Association.]

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should state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County.... Registration Dist. No. Ilf death occurred in .Ward) a hospital or Institution. give its NAME lostead of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWEO. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I sttended deceased from 17 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country ... yrs. mos. .. State yrs. _____ ds. Where was disease contracted, If not at place of death?. Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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V. S. No. 1.

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1 PLACE OF DEATH 463	STATE OF MARYLAND
County CCC	CERTIFICATE OF DEATH
0 0 .00	Registration Dist. No. 96
Chear Perreville	[If death occurred to
Village or City (No,	St.; Ward) a hospital or institution,
10/00/11	give its NAME instead of street and number.]
FULL NAME Narall 4	nucu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Temale While WIDOWED (Write the word)	(Month) (Day (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Soll- 14 QU	October 1913, to Jan 14= 1914.
(Month) (Day (Year)	that I last saw h 9m alive on Laws 18 m 1914
7 AGE If LESS than	and that death occurred on the date stated above, at & A m.
73 3 18 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds, OR min.?	
GOCCUPATION (a) Trade, profession, or	Prights Dream
particular kind of work.	Asal Discore
(b) General nature of Industry, business, or establishment in	9
which employed (or employer)	(Duration) A yrs. 6 mos ds.
9 BIRTHPLACE (State or country)	Secondary Strains Refusive
- Cecil Co	Orden / lungs (Dyration) 2 yrs 6 mos ds.
10 NAME OF FATHER	(Signed) Les. Mr. Attento
Mugh Belleefeel	0 11-
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER LINKWOWN	191 4. (Address) / Myllie 113
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	Af place in the of death yrs, mos. ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Charles - 1 ack 120	If not at place of death?
(Informant)	usual residence
(Address). / Vertivelle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 0 1/46	topewell Cemelery fan 16 1914
Filed Jan. 16 1914 MC Danenon	20 UNDERTAKER ADDRESS
Port Deposit, and REGISTRAR	WC Lackson Blythedale
If more blanks tre needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



V. S. No.

N.B.

PLACE OF DEATH	STATE OF MARYLAND
(, , , , , , , , , , , , , , , , , , ,	CERTIFICATE OF DEATH
County	Registered No.
Village or City Cecuton (No. 2)	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 GOLOR OR RACE 5 SINGLE, MARTIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
(Month) (Day) (Year)	that I last saw halive on, 191,
7 AGE If LESS than	and that death occurred on the date stated above, at 4.3.4,m,
13 yrs. 7 mos. S ds. 0R min.?	The GAUSE OF DEATH* was as follows:
8 OCCUPATION	Valvulas Heart Desease
(a) Trade, profession, or particular kind of work School - Gul	various or such asserse,
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Secondary (Quration) , yrs. mos. ds.
10 NAME OF FRATHER FREDERICK Moore	(Signed) MD lack, N. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of Mother Tottel Lewey	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Manyland (of death yrs, mos, ds. State yrs, mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant)	usual residence
(Address) & Callellan mal	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Flian Jan 7 1914 JABlack	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Tonp"); Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopncumonia ("Pueumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinosis of lungs, meninges, peritonacum, etc...

mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the ample: Measles (discase causing death), 29 ds.; valvulur heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails-"Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report of the American Medical Association.) The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of may be stated under the head of ... (name origin; "Can-For vio-



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

M.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH

iregion a		
		1

[If death occurred in a hospital or institution, Ward) give its NAME instead of street and nomber.]

1 PLACE OF DEATH

Village or City

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Nearrice	16 DATE OF DEATH Jan 24, 19ff (Month) (Day (Year)
Temale Colored (Write the word)	(Month) (Day (Year)
DATE OF BIRTH	9 2 2 21 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
No Information 1	flered 1, 1917, to fler 2 4, 191. J.
(Month) (Day (Year)	that I last saw her allve on throng 2 4 1914
TAGE OL O II LESS than	
to the state of th	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
OCCUPATION	
(a) Trade made along an	16
particular kind of work / Louse / Luge	Horar Meumin
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration)
9 BIRTHPLACE	Contributory
(State or country)	Secondary
not	(Doration) yrs mos ds.
10 NAME OF FATHER	(Signed) Sinh Chevery
FATHER Ungenous	(Signer)
11 BIRTHPLACE OF FATHER	, 191 (Address) Celebras Decl
Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
W 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER	Contraction
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OF MOTHER /	At place In the
(State or country) Kus Crown	For Teath yrs, mos, ds. State yrs, mos, ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Bedfind Noarces	Former or
(Illivitacili)	osual residence.
(Address) - Cepton med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Elkton Coultery Jan 27 1914
Files fan 27 1914 f Bause Bayer	20 UNDERTAKER ADDRESS
	11. P
REGISTRAR	Unsuga sippin Elkelow has
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerctrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." Aecidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1914
BUREAU, V.S.

V. S.

	PLACE OF DEATH	STATE OF MARYLAND
	Con 1 466 1	CERTIFICATE OF DEATH
G	ounty Of	Registered No. 73
٧	illage or City Will (No	St; Ward) [It death occurred in a hospital or institution,
	1.1. on	give its NAME Instead
	FULL NAME William /	Tayne ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Mule White (Wide the word)	16 DATE OF DEATH Mr. 1914. (Month) (Day) (Year)
8 -		17 I HEREBY CERTIFY, That I attended deceased from
0 0	ATE OF BIRTH May 30 1833	Jan 14, 1914, to Jun 14, 1914,
	(Month) (Day) (Year)	that I last saw h alive on 191 4
7 A		and that death occurred on the date stated above, at
	97 yrs. mos. ds. ORmin.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	
(a)	Trade, profession, or	Upspling
	rticular kind of work.	
	Oeneral nature of industry, iness, or establishment in Faker Buill	(Duretion) yrs, mos, ds.
	ch employed (or employer)	1 1 1 1 1 1 1 1 1 1 1
9 BI	RTHPLACE tate or country) Sugland	(Contributory (Secondary) (Doration) yrs mos ds.
	10 NAME OF FATHER MUSCHAN	(Signey) And Quely, M. D.
15	11 BIRTHPLACE	Hay 14, 1914 (Address) Electer Ind
Z	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL STREET, AND AC
ARENTS	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
0	unstwun	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Interment) Wilmer Thompson	Former or
	Paris of a	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Md	10 21 2 2 2 10 11 11
15	0 11 6 9 11	20 INDERTAKER ADDRESS
FII		AND DRESS
	LICA REGISTRAR	1 of allemany Olhoway they
	if more blanks are needed, address State Registrar, 6 E	S. Franklin St., Balto., Requesting V. S. No. 1.
-5		

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thime and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demunonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses

Accidental drowning; Struck by railway train-accichildbirth or miscarriage, as "Putrperal scotichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Connant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECETVED
FEB 2 1914
BURBAU, V.S.

RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. that it may be PLAINLY, WITH of information should be WRITE

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very DEATH in plain terms, so that it m See instructions on back of certificate. N. B.—Every Item CAUSE OF Important. PLACE OF DEATH 467 Cecil 4

City Morth East

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

FULL NAME CMY 6	Jeckell of street and number.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Pemale White (Write the word)	18 DATE OF DEATH Jan 10 (Month) (Day (Year)		
DATE OF BIRTH April (Month) (Day (Year)	that I last saw h 1 alive on 191 4		
7 AGE 10 yrs 9 mos 10 ds OR min.?	and that death occurred on the date stated above, at house from m. The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, ur establishment in which employed (or employer)	British Joseph Jesse Historia (Duration) yrs. mos. ds.		
9 BIRTHPLACE (State or country) Buck County - Penna	Gontributory Secondary (Duration) yrs mos ds.		
11 BIRTHPLACE OF FATHER (State or country) Staten I sland - n.y.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-		
12 MAIDEN NAME OF MOTHER Lucinda B. Ruder 13 BIRTHPLACE OF MOTHER (State or country) Bucks & Penna	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death		
(Informant) Mrs O. F. Alack Mark Each M. d.	Where was disease confracted, If not at place of death? Former or usual residence		
16 Filed Jan 12, 1914 Leaich Biddle PEGISTRAN	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL PATE OF BURIAL PATE OF BURIAL PATE OF BURIAL ADDRESS ADDRESS ADDRESS ANDRESS ANDRESS ANDRESS		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Furmer or Planter, For many occupations a single word or term on the ness of various parsnits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhold pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caumia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. ture of the American Medlcai Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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PERMANENT

RECORD certificate. 0 back plain Instructions 2 DEATH 10 mportant. Every Ite

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St:----Ward) a hospital or tostitution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE. 16 DATE OF DEATH MARRIED, Wed (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw hand allve on (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at / O 1 day hrs. The CAUSE OF DEATH *-was as follow OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENTS Janes 15 1914 (Address) 1 and OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death _____ yrs. ____ mos. ____ ds. State yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE KNOWLEDGE It not at place of death? ... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting Y. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing deficient with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, meninges, peritonacum, etc., Carcincess of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) canse of death approved by Committee ou Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained us the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mousies (disease causing death), 29 ds.; affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tctanus) (Recommendations on statement of may be stated under the head of State cause for Never report



V. S. No. 1.

N. B.

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS AGE of certificate. WRITE PLAINLY, WITH on back Every Item of Information should CAUSE OF DEATH in plain terms DEATH in plain See Instructions Important.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;.....Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead of street and number. I

L Thomas

-FOLL NAME			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Female Colored (Write the word) 4 COLOROR RACE MARRIED, Married Widoweo, Married Write the word)	(Month) (May (Year)) I HEREBY GERTIFY. That I attended deceased from		
6 DATE OF BIRTH Ofice 26, 1875- (Month) (Day (Year)	I HEREBY GERTIFY, That I attended deceased from [1914], to [1914], that I last saw have alive on [1914]		
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at f a a m. The CAUSE OF DEATH * was as follows: Augusta, Runarista from		
(a) Trade, profession, or particular forms of work	1 arthritis)		
(b) General nature of Industry, business, or establishment in which employed (or employer) (State or country)	Contributory Cente May wills		
10 NAME OF FATHER Wyell Hagginbotha	(Signed) J. (Address) J. L. M. D.		
(State or country) Profifma 12 MAIDEN NAME OF MOTHER LESS A Color	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER (State of country) 14 THE ABOVE IS TRUE TO THE LIST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,		
(Informant) Journal Mornal	If not at place of death? Former or usual residence		
Filed Jan. 77 1914 M.R. Cameron Portopoir, Med REGISTRAR	applied Cemeling hor Port-Deficient, 1914 20 UNDERTAKER M. C. Lackson Blyttedale		
If more highes are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



BINDING

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PERMANENT UNFADING

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No lif death occurred loWard) a hospital or jostitution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, Month) (Write the word) (Year GERTIFY, That I attended deceased from 1 HEREBY DATE OF BIRTH that I last saw htalk alive on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 day, hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ... PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from WIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, _ Where was disease contracted. 14 THE ABOVE OF If not at place of death?. Former or usual residence. 16 20 UNDERTAKE ADORESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S/No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichae etc., when a defiulte disease can be ascertained as the mus," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for Never report



MARGIN RESERVED FOR BINDING

S. No.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH N. B.

Village or City Port DE Noor	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or iostitution, give its NAME instead of street and number.]
2FULL NAME Study	XILONIESO — OI alleet and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR BACE 5 SINGLE, MARRIEO, WIDOWEO, ORDIVORCED (Write the word)	(Month) (Day (Year)
o date of Birth July 9- 1914 (Month) (Day (Year)	that I last saw he was allown for for the first saw he was allown for the first saw he was allowed for
TAGE TAGE Soccupation (a) Trade, profession, or	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	My Contributor Maration yrs mos ds.
DESTRICT OF STATE OF	Secondary (Signed) (Ouration) yrs mos ds. (Signed) (Address) Pollocytopel Sud
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thomas	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) on Reposit : Comed	20 UNDERTAKEN DATE OF BURIAL ADDRESS DATE OF BURIAL DATE OF BURIAL ADDRESS
Port lock and REGISTRAD	Tousen Thomas Come

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of State cause for Never report For VIO-01



V. S. No. 1.

RECORD PERMANENT

PHYSICIANS shoul proper pe certificat 50 back plain Instructions -DEATH ō item FO mportant. Every It

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. Ilt death occurred in Village or City St:----Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 4 COLOR OF GRACE 6 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Write the word) I HEREBY/CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h..... (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS KNOWLEDGE If not at place of death? Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DAVE OF BURIAL (Address) ... 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Cecle Registration Dist. No. If death occurred in St.:....Ward) a hospifal or Institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH alive on .. Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... f day,....hrs. DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration)vrs...vrs..... which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER #State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country of death yrs. mos. ds. Sfate yrs, ____ mos, ___ ds Where was disease contracted, If not at place of death?... Former or usual residence 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Salesman, As examples: "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," pneumonia"); brospinal meningitis"); Diphtheria time and causation), using always the same accepted causing death (the primary affection with respect to term for the same disease. Examples: Cerebrospinal "Croup";) fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): report "Typhoid (avoid use of Tubereu-

> thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State canse for ctc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomenelasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or misearriage as Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skuil, and eousequenees (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeci-LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meusies "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Puerperal septichae-The nature of the "Exhaustion," Never report



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STATE OF MARYLAND 1 PLACE OF DEATH state Yery CERTIFICATE OF DEATH OCCUPATION IS County... Registration Dist. No. Ilt death occurred in PHYSICIANS Ward) a hospital or institution give its NAME Instead et street and number. ? 50 MEDICAL CERTIFICATE OF DEATH statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 4 COLOR OR RACE MARRIED, Z WIDOWED. (Month) (Day) Write the word HEREBY CERTIFY That I attended deceased from 8 DATE OF BIRTH classified. (Montk (Day) (Year) pe TAGE If LESS than and that death occurred on the date stated above at ... should 1 day hrs. OR min. ? properly BOCCUPATION ы AGE (a) Frade, profession, or particular kind of work. supplied. pe (b) General nature of industry. business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) Contributory certificate. (Secondary) that 10 NAME OF FATHER 80 0 S back 11 BIRTHPLACE (Address) latel terms, ENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-0 PARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. DEATH in plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the of death _____ yrs. mos. ds. State yrs, ____ mos, Where was disease contracted. if not at piace of death? Jo usual residence. Every Item CAUSE OF Important. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative mealthfulessary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

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cause of death approved by Committee on Nomenciasuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failnre," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis vma. Narcoma. etc., of ______ (name origin; "Can-er" is less definite; avoid use of "Tumor" for malig-"Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," The nature of the Never report



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1 PLACE OF DEATH

state CERTIFICATE OF DEATH County Ozul Registration Dist. No. OCCUPATION If death occurred to St.:....Ward) a hospital or Institution. give Its NAME Instead of street and number. 1 ²FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, (Month) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. 5 OR 7 properly BOCCUPATION (a) Trade, profession, or Couseur particular kind of work supplied. may be (b) General nature of industry, business, or establishment in (Buration) which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) = that (Duration) 10 NAME OF FATHER ARENTS (Address) 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain of information s DEATH in plain se instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. State yrs. ____ mos. ___ Where was disease contracted. 14THE ABOVE IS TRU If not at place of death?.. of DE/ Former or CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) == 15 20 UNDERTAKER ADDRESS REGISTRAR

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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin.

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage. as "Tuerpenal scotichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile." etc.), "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measies (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary). 10 ds. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "PUERPEBAL peritonitis," etc. "Old Agc," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion, _ (name origin; "Can State cause for Never report Examples: 20



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St .: Ward) a hospital or jostitution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE , 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country)

13 BIRTHPLACE

REGISTRAR

of death _____ yrs. ____ mos. ___ ds. State yrs._ Where was disease contracted. If not at place of death?-

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

Former or usuai residence

At place

OR RECENT RESIDENTS)

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

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who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil ongineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, (2)

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1 PLACE OF DEATH

beech should si Noi Registration Dist. No.... Ilf death occurred in St.;.....Ward) a hospital or Institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 aINGLE. MARRIED. WIDDWED, (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) TAGE If LESS than and that death occurred on the date stated above, at the 1 day,.....hrs. The CAUSE OF DEATH * was as follows: OR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work... supplied (b) General nature of Industry. UNFADING business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 0 back terms, ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain See instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of Inform DEATH of death yrs. mos. ds. State yrs. ____ mos. WRITE Where was disease contracted. 14 THE ABOVE IS If not at place of death?.. Former or OF usual residence mportant. Every It OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER 0 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

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statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUEBPEBAL peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



No.

200

4 S THIS UNFADING PLAINLY

1 PLACE OF DEATH state PHYSICIANS should of OCCUPATION is Village or City RECORD PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY 5-GINGLE, 4 COLOR OR RACE 3 SEX MARRIED, WIDDWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Year) TAGE If LESS than O 1 day hrs. shoul -min. ? properiy 8 OCCUPATION ы (a) Trade, profession, or AG particular kind of work. (b) General nature of industry, supplied. ğ business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) certificate 10 NAME OF FATHER 0 ARENTS 11 BIRTHPLACE OF FATHER (State or country) pino 12 MAIDEN NAME plain OF MOTHER instructions Information 13 BIRTHPLACE = OF MOTHER (State or country) of Inform WRITE OF CAUSE OF important. 15 B. REGISTRAR ż

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

.....Ward)

[If death occurred in a hospital or institution. give its NAME instead of sfreet and number.]

MEDICAL CERTIFICATE OF DEATH

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18 LENGTH OF RESID	ENCE FOR H	OSPITALS	, INSTITUTION	S, TRANSIENT
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19 PLACE OF BURIAL		AL	DATE OF	
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Andrew Andrew	of yren	ر د	mielle	Tour De

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the pisease Serrant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman, (b) Cotton mill; (a) Salesman, yr.8.). Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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